

JAN 24 2005


**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/580,685
Filing Date	05/30/2000
First Named Inventor	Blewett, Charles Douglas
Group Art Unit	2683
Examiner Name	Le, Danh C.
Total Number of Pages in this Submission	21
Attorney Docket Number	1999-0076

*DAC*  
*RECEIVED*

JAN 28 2005

**Enclosures (check all that apply)****OFFICE OF PETITIONS**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
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**Request for Continued Examination**

Remarks Petition for Revival under 37 C.F.R. § 1.137(b); filed together with RCE and reply

**CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

Customer Number - 26652

or  Correspondence address below

NAME	Samuel H. Dworetzky			
ADDRESS	AT&T CORP. One AT&T Way Room 2A-207			
CITY	Bedminster	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE	<i>Robert T. Canavan</i>	DATE	01/18/2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 01/18/2005

Type or Printed Name	Robert T. Canavan
Signature	<i>Robert T. Canavan</i>
Date	01/18/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**  
Patent Fees are subject to annual revision.  
JAN 24 2005

TOTAL AMOUNT OF PAYMENT	2290
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Complete If Known	
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First Named Inventor	Blewett, Charles Douglas
Examiner Name	Le, Danh C.
Group/Art Unit	2683
Attorney Docket No.	1999-0076

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)													
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES													
Deposit Account Number: 01-2745 Deposit Account Name: AT&T CORP.		Large Fee Entity Fee(\$) Fee Description Fee Paid 1051 130 Surcharge - late filing fee or oath 1052 50 Surcharge - late provisional filing fee or cover sheet 1053 130 Non-English specification 1812 2520 For filing a request for reexamination 1804* 920 Requesting publication of SIR prior to Examiner action 1805* 1840 Requesting publication of SIR after Examiner action 1251 120 Extension for response within first month 1252 450 Extension for response within second month 1253 1020 Extension for response within third month 1254 1590 Extension for response within fourth month 1255 2160 Extension for response within fifth month 1401 500 Notice of Appeal 1402 500 Filing a brief in support of an appeal 1403 1000 Request for oral hearing 1504 300 Publication fee for early, voluntary, or normal publication 1452 500 Petition to revive - unavoidable 1453 1500 Petition to revive - unintentional 1501 1400 Utility issue fee (or reissue) 1502 800 Design issue fee 1460 130 Petitions to the Commissioner 1807 50 Processing fee for provisional applications 1808 180 Submission of Information Disclosure Statement 8021 40 Recording each patent assignment per property (times number of properties) 1809 790 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 790 For each additional invention to be examined (37 CFR 1.129(b)) 1801 790 Request for Continued Examination (RCE) 1802 900 Request for expedited exam of a design application Other fee (specify): _____													
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set In 37 CFR 1.18 at the Mailing Date of the Notice of Allowance		SUBTOTAL (1)													
1. FILING FEE		Large Fee Entity Fee(\$) Fee Description Fee Paid 1001 300 Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee 1002 200 Design Filing Fee 1004 300 Reissue Filing Fee 1005 200 Provisional Filing Fee													
2. CLAIMS		<input type="checkbox"/> Filing Under 37CFR 1.53 (b) <input type="checkbox"/> CPA Under 37CFR 1.53 (d) <input type="checkbox"/> Amendment													
Extra Claims		Fee from below Total - 20 = <table border="1"><tr><td></td><td>x</td><td>50</td><td>=</td></tr><tr><td></td><td>x</td><td>200</td><td>=</td></tr><tr><td></td><td></td><td>300</td><td>=</td></tr></table>			x	50	=		x	200	=			300	=
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	x	200	=												
		300	=												
Ind.															
Multiple Dependent Claims															
Large Fee Entity Fee(\$) Fee Description															
1202 50 Claims in excess of 20															
1201 200 Independent Claims in excess of 3															
1203 360 Multiple Dependent Claims															
1204 200 ** Reissue Independent claims in excess of 3															
1205 50 ** Reissue claims in excess of 20															
** or number previously paid, if greater; for Reissues, see above		SUBTOTAL (2)													
		SUBTOTAL (3) 2290													

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	John E. Etchells	Reg. Number	
Signature		Date	1/17/05
		Deposit Account User ID	

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